

PHARMACY PRACTICE RESIDENCY MANUAL

2018-2019

Martinsburg VA Medical Center

Martinsburg, WV



VA

**U.S. Department
of Veterans Affairs**

Veterans Health
Administration
*Martinsburg VA
Medical Center*

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Dear Residents:

The purpose of the Residency Manual is to provide general information on policies, procedures, benefits, and other information that may be helpful towards the completion of your residency. Please read this manual and keep it for further reference.

If you have any questions regarding this manual, please address them with either Dr. Flowers or myself.

Please be aware that policies and procedures may be revised at any time, when deemed appropriate. Residents will be informed of any changes.

Best wishes for a successful and rewarding residency year!

Sincerely,

Sarah Mickanis, Pharm.D., BCPS
Clinical Pharmacy Specialist
PGY1 Pharmacy Practice
Veterans Affairs Medical Center
Martinsburg, WV

VA Mission Statement

To fulfill President Lincoln's promise – **“To care for him who shall have borne the battle, and for his widow, and his orphan”** – by serving and honoring the men and women who are America's Veterans.

VA Core Values

VA's five core values underscore the obligations inherent in VA's mission: Integrity, Commitment, Advocacy, Respect, and Excellence. The core values define who we are, our culture, and how we care for Veterans and eligible beneficiaries. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and eligible beneficiaries and with each other. Taking the first letter of each word—Integrity, Commitment, Advocacy, Respect, Excellence—creates a powerful acronym, “I CARE,” that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve.

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

VA Core Characteristics

Trustworthy: VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

Accessible: VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

Quality: VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

Innovative: VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

Agile: VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Servicemembers.

Integrated: VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Servicemembers.

VA FY 2014-2020 Strategic Goals

Strategic Goal 1: Empower Veterans to Improve Their Well-being

The ultimate measure of VA's success is the Veteran's success after leaving military service. We intend to measure Veteran success in terms relevant to individual Veteran outcomes from VA benefits and services such as decreasing Veteran unemployment, decreasing home foreclosures, decreasing homelessness, reducing processing times for disability compensation claims, increasing preventive care and healthy lifestyle changes, and increasing access to and utilization of virtual care modalities. Strategic Goal 1 outlines the work that VA will do to directly improve the lives of Veterans, Servicemembers, their families, and their survivors.

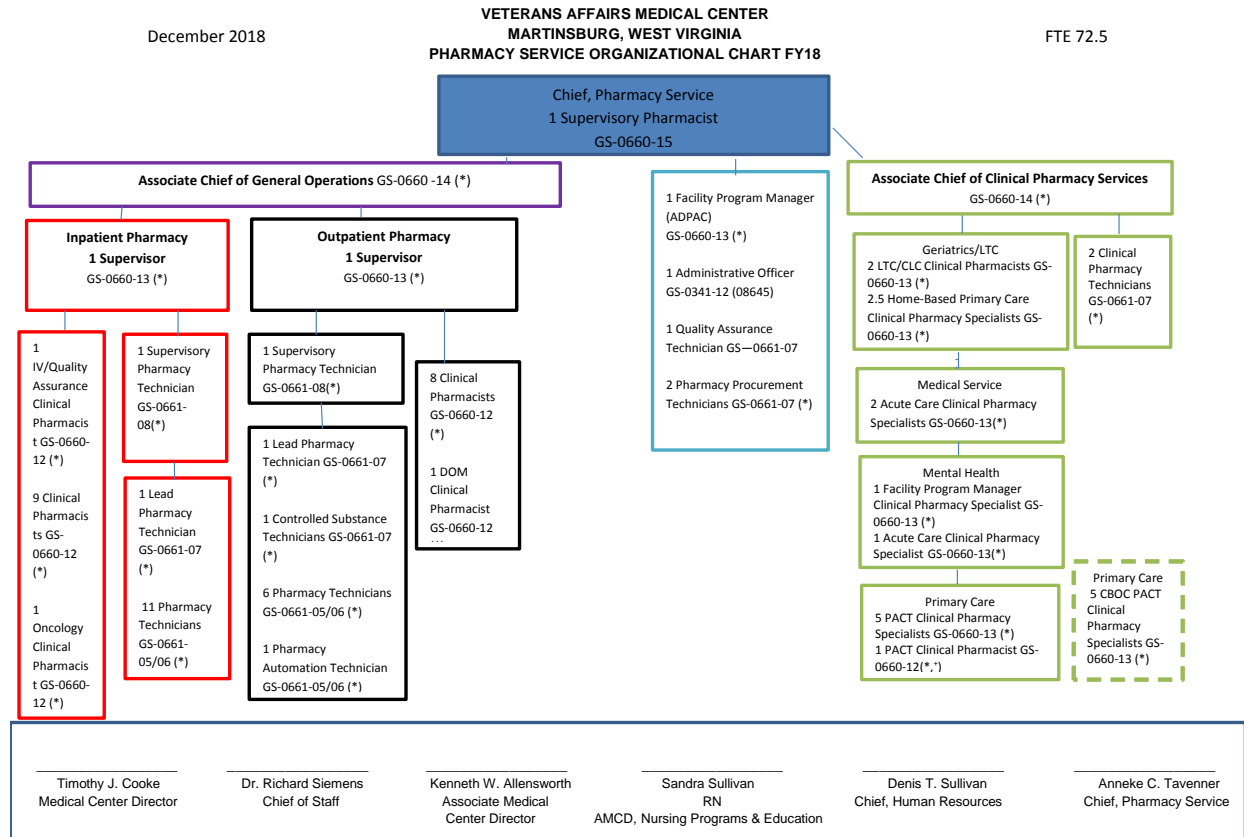
Strategic Goal 2: Enhance and Develop Trusted Partnerships

No single office, organization, or agency owns the expertise and resources to deliver all of the benefits, services, and resources necessary to meet the needs and expectations of every Veteran. Strategic Goal 2 describes what VA will do to improve coordination and integration within and between VA and its external partners.

Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

Internal improvements are a continuous effort. Strategic Goal 3 represents VA's highest priority management objectives: developing our workforce and effectively and efficiently managing our infrastructure and processes.

Pharmacy Service Organizational Chart



(*Pharmacists, Technicians & Residents have functional statements, no position number)

(* Pharmacist is assigned to Union duties)

Program Purpose and Standards

Program Purpose

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Standards for the Martinsburg VAMC Pharmacy Residency Programs

Each Pharmacy Residency accredited by American Society of Health-System Pharmacists (ASHP) must meet the required program standards as set forth by ASHP. The following is an overview of those standards for all pharmacy residencies – Standard 1 is formatted to show the slight difference in that requirement between PGY1 and PGY2. All the others that follow are the same for PGY1 and PGY2 programs.

Standard 1: Requirements and Selection of Residents

- A. PGY1 - This standard is intended to help ensure the success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.
- B. PGY2 residents must be pharmacists having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.

Standard 2: Responsibilities of the Program to the Resident

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).

Standard 3: Design and Conduct of the Residency Program

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: Requirements of the Residency Program Director and Preceptors

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial.

Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: Requirements of the Site Conducting the Residency Program

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: Pharmacy Services

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

Martinsburg VAMC's Competency Areas are the four required from ASHP:

Competency Area R1: Patient Care

Competency Area R2: Advancing Practice and Improving Patient Care

Competency Area R3: Leadership and Management

Competency Area R4: Teaching, Education and Dissemination of Knowledge

Use this link to obtain more information on competencies, goals and objectives:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>

General Expectations and Responsibilities Of Residents

Citizenship

Pharmacy residents at the Martinsburg VAMC Pharmacy Practice Residency must be U.S. citizens.

Pharmacy Education

Pharmacy residents must have graduated with a Pharm.D. from an Accreditation Council for Pharmacy Education (ACPE) accredited school of pharmacy.

All residents entering a PGY2 program must present a copy of their PGY1 certificate upon the first day of residency. The RPD and Department administrative staff will verify all certificates with the PGY1 program.

Licensure

To be accepted into the Martinsburg VAMC Residency Program, the applicant must be a U.S. citizen, a graduate of an accredited school of pharmacy, and hold an active pharmacy license or be eligible for licensure in any U.S. state or territory.

After beginning the residency, the pharmacy resident will have 90 days from the date of hire to become licensed in any state as a pharmacist. Licensure consists of passing both the North American Pharmacist Licensure Examination (NAPLEX) exam provided by National Association of Boards of Pharmacy (NABP) and the respective state law exam provided by the state's Board of Pharmacy.

If the resident is not licensed 90 days from the date of hire, the RPD has the right to dismiss the resident from the residency program. In the event of extenuating circumstances, the RPD may approve an extension, if deemed appropriate.

Attendance and Leave

Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record and the residency program coordinator.

Sick Leave

Four hours per pay period (13 days per year)
Call RPD (backup: Pharmacy Chief) and current preceptor
Must submit electronic leave request upon return to duty
Missing 3 or more days requires a note from your physician

Late

Call RPD (backup: Pharmacy Chief) and current preceptor
Must submit electronic leave request upon return to duty

Annual Leave

Four hours per pay period (13 days per year)

Must be planned and electronically requested/approved in advance

Annual leave should be used for short vacation, job interviews, extended holidays

Leave for Professional Meetings and Interviews

Residents will be granted Authorized Absence for approved professional meetings (generally ASHP Midyear Clinical Meeting and Eastern States Residency Conference).

Residents may use annual leave for interviews; however, Authorized Absence may be granted to residents interviewing within the VA system.

Residency Completion Time

Residents are expected to complete the residency program within one year of beginning the program. The time frame may be extended to 18 months in order to complete the requirements of the residency program in the event of extenuating circumstances such as extended sick or family medical leave. In such a case, the RPD, in conjunction with the RAB, must approve the extension.

Working Externally

From the ASHP Residency accreditation standard: Resident's primary professional commitment must be to the residency program. Therefore, it is expected that any commitments made outside of the residency will not interfere in any way with residency obligations.

Professional Conduct

It is the responsibility of all residents to uphold the highest degree of professional conduct at all times in accordance with the VA Core Competency.

Dress Code

Pharmacy residents will dress professionally at all times. It is required that identification badges are worn. Scrubs may be worn in inpatient care areas. If the resident wears attire that is deemed unprofessional by the RPD or preceptors, the resident will be asked to leave and change into professional attire.

During outside rotations, the resident is to comply with the dress code policy at the rotation site.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy. Residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during new employee orientation and abide by HIPAA regulations during practice.

Social Networking Policy

Residents represent the Martinsburg VAMC and are expected to maintain professionalism at all times. Therefore, they are to refrain from posting negative, inflammatory, or sensitive information regarding preceptors, students, Veterans, or any person associated with the VA on social networking or any other public internet web sites.

GUIDANCE

****Past residents' electronic binders are available on the pharmacy shared drive for format guidance if needed****

Residency Project

The Research Project Advisory Group

The Research Project Advisory Group at the Martinsburg VAMC will advise the resident through each stage of the residency research project.

The Research Project Advisory Committee will consist of the:

1. Clinical pharmacist research preceptor (Melinda Albritton)
2. Institutional Review Board Liaison (Dr. Foley)
3. Pharmacy Department ADPAC (Angel Jordan)
4. PGY1 Residency Program Director (Sarah Mickanis)
5. PGY2 Residency Program Director (Gary Flowers)

The research project will be developed based on the resident's practice interests.

The research advisory group will ensure that throughout the research project patient safety and sensitive health care information are protected. The research advisory group will help ensure that the resident meets all deadlines for timely completion of the research project.

SU may provide support and project oversight as necessary.

Please refer to the Uniform Guide for Manuscripts (Available online and from the Residency Program Director).

*VA requires online Talent Management System (TMS) training: Information Security for Research and Development Personnel, as well as Collaborative Institutional Training Initiative (CITI) training. Please be sure to complete this online class as soon as possible.

Journal Club Guidelines

VAMC (To be distributed to pharmacy students): All PGY1 residents are required to present.

See Appendix 4: VAMC Journal Club Guidelines

SU (To be followed by residents): See Appendix 5: SU Journal Club Guidelines and Schedule

Residency Binder Guidelines

PGY1

Your residency binder should serve as a testament of your achievements during your residency, and you will take it with you when you graduate. You will be asked to provide an electronic copy of your binder to your RPD at the end of the residency year. A copy of your work for the facility's record will be maintained electronically on the pharmacy shared drive.

While the content of your binder is at your discretion, there are core content requirements. The required contents are described below. Each of the bulleted items below should be a section in the binder. Any additional projects assigned to you should also be included as additional sections in the binder.

ALL IDENTIFYING PATIENT INFORMATION MUST BE REMOVED FROM ALL MATERIALS PRIOR TO INCLUSION IN THE BINDER

INITIAL PROGRAM PLAN WITH SCHEDULE

DISEASE STATE DISCUSSIONS

The binder should contain a copy of the formal written case presentation that was discussed with the students, any handout that was supplied, and the PowerPoint presentation if applicable. The resident should incorporate pertinent clinical studies, evidence-based medicine, and treatment guidelines.

GRAND ROUNDS PRESENTATION

The binder should contain a copy of the PowerPoint presentation and any handouts that were provided. A copy of the "Feedback Form" provided by the Education Office following your presentation should also be included.

RESEARCH PROJECT

The binder should also include a copy of all forms submitted to the IRB for approval. Raw data should be included after all patient identifying information has been removed. The final abstract, a copy of your final poster, a copy of the PowerPoint presentation, and the completed manuscript must be included. All copies of evaluation forms from Eastern States Residency Conference should be included. Finally, a copy of all paperwork submitted to IRB for the closure of the project should be included.

DRUG USE EVALUATIONS

The binder should contain a copy of the DUE proposal, data, results, and final presentation.

MEDICATION USE EVALUATIONS

The binder should contain a copy of the Word document used for the MUE template. A copy of the PowerPoint presentation used to present the MUE to the

PT&N Committee and screen captures of the Computerized Patient Records System (CPRS) version of the MUE should also be included.

NON- FORMULARY REQUESTS

The binder should contain no less than 20 of your highest quality completed consults. Please use Word document files and do not include any patient identifying information in the copies for the binder.

JOURNAL CLUB PRESENTATIONS

Student Journal Club - The binder should contain a copy of each article discussed, a copy of the student's handout, and a copy of your evaluation of the student.

Shenandoah Resident Journal Club – The binder should contain a copy of each article discussed, a copy of your handout if presenting, and a copy of the evaluations you received.

DRUG MONOGRAPH (As appropriate)

The binder should include a final copy of your drug monograph. If the monograph was presented to the Pharmacy Benefits Management group and criteria for use were developed, this documentation should also be included.

DRUG INFORMATIONS REQUESTS

The binder should include a copy of each drug information response. . A copy of the completed Requestor's Contact Information form, found on the Pharmacy Intranet page, should accompany each response. Each response should include all the references in the National Library of Medicine referencing style. Evaluation forms submitted by each reviewing clinical pharmacist should accompany each response.

MEDWATCH FORMS

The binder should include a copy of each MedWatch form completed and presented to the P&T Committee. All patient identifying information must be removed.

PATIENT EDUCATION CLASSES

A copy of the outline used to teach the patient education classes should be included. Copies of the research/reference material used to develop the teaching outline should also be included.

PHARMACY NEWSLETTER

A copy of each article composed for the quarterly pharmacy newsletter should be included in the binder. A copy of the final published edition of the newsletter should also be included.

CACHE DRILL

The binder should contain a copy of the drill scenario that was implemented. Any dispensing logs, information sheets, or handouts developed for the drill should be

placed in the binder. A copy of the pharmacist in-service training should be included. A critique of the drill should be completed and placed in the binder.

ROTATIONS

Each clinical rotation should have its own section in this binder. All projects completed during the rotation should be maintained in this section (presentations, patient cases, additional journal club/review of primary literature, additional DUE or projects, etc.). All patient identifying information must be removed.

EVALUATIONS

The binder shall contain any and all formative evaluations (presentation critiques, feedback on projects, snapshot evaluations, journal club evaluations). A copy of the completed "Skills and Areas of Interest survey" document should be included in the binder.

The binder should contain a copy of any evaluations and critiques of your work that are not maintained in PharmAcademic®.

The binder should also contain a copy of the following for each quarter:

A log of activities completed by the resident during the quarter as part of the quarterly plan review

The binder should also contain a copy of the resident's outgoing skills and interests survey and any reflections on the residency year.

OTHER

The binder should contain a copy of any other projects that were completed during your residency.

SUGGESTED Residency Year Timeline

PGY1

July

1. BCLS/ACLS class (if BCLS is not active or will expire soon)
2. Completion of required research training. The resident, in conjunction with his/her preceptor and potential project mentor, will identify a research project from the list of possible projects provided to the residents. A written summary of the project's goals, methods, and anticipated impact on services, signed by the project preceptor must be submitted to his/her residency director no later than August 1. Earlier submission is encouraged.

August

1. Residents make final decision on residency projects by August 1. Residents present the following information for research projects to RAB: Background information, Hypothesis, Methods, Objectives/Outcomes, Statistics, Data collection tools, timeline for completion.
2. Choose a topic and date for Grand Rounds

3. Choose dates for submission of the monograph and presentation to P&T if applicable.
4. Complete travel paperwork for ASHP Midyear

September

1. Finalize protocol. Complete IRB forms and submit initial review packet to IRB (no later than end of September submission deadline). Earlier submission is encouraged.

October/November

1. **ASHP** Abstract Deadline for presenting a poster at Midyear Clinical Meeting (optional) (see www.ashp.org for details on deadline)
2. Finalize Grand Rounds topic selection and date of presentation.
3. Prepare poster for ASHP Midyear Clinical Meeting.
4. Present project to preceptors as a lunch seminar

December

1. Present posters at ASHP Midyear Clinical Meeting
2. Begin data collection following IRB, Research and Development (R&D), and final local approvals.
3. Work on Grand Rounds and discuss with a mentor
4. Complete travel paperwork for Eastern States

January

1. Abstracts due for Eastern States Residency Conference.

February

1. Finish data collection
2. Next residency class interviews (residents are expected to participate and help with recruitment)

March

1. Data collection and analysis. Prepare statistical results and prepare presentation platform for Eastern States Residency conference.

April/May

1. Practice presentations for Eastern States
2. Present at Eastern States Residency Conference
3. Compose manuscript

June

1. Prepare for end of year
2. Research study closure, manuscript submission, and upload research and required documents to SharePoint.
3. Submission of all required materials.

RESIDENCY OVERSIGHT

Residency Advisory Board

The RAB at the Martinsburg VAMC will:

1. Provide direction, structure and leadership to the residency program
2. Monitor resident progress and provide feedback
3. Address problems and/or concerns identified by the residents regarding the residency program
4. Adjudicate and enforce Pharmacy Service Standard Operating Procedure 1 “Pharmacy Resident Probation/Dismissal and/or Withdrawal”

All clinical pharmacist preceptors are encouraged to participate in the RAB meetings.

The RAB will consist of the following voting members:

1. RPD
2. Chief of Pharmacy Service
3. Shenandoah University Director for Post Graduate Education
4. Clinical pharmacy preceptors

The RAB will meet on a scheduled quarterly basis or more frequently to monitor resident progress and conduct long-term planning for the residency program.

Additional meetings will be scheduled, as needed, to address the resident’s problems and/or concerns or to investigate/initiate disciplinary proceedings.

Residency Oversight Committee

Programs:

Martinsburg VAMC	Valley Health
Amherst Family Practice	Prosperity/Acaria Health
Reston Hospital Center	Novant Health Prince William Medical Center
Summit Health	Valley Pharmacy

Overview: The Residency Oversight Committee is administered by Shenandoah University and shall provide guidance to all residency programs affiliated with the Bernard J. Dunn School of Pharmacy by ensuring a consistent, systems-based approach across all residency programs where possible. Each residency site may continue to have a Residency Advisory Committee for more residency site-specific issues.

Purpose: The purpose of the residency oversight committee is as follows:

1. To provide common structure to all programs where possible through the formation of core policies and requirements
2. To serve as a means of coordination, planning, and sharing of ideas between programs

3. To address global resident concerns
4. To provide peer review of each residency program
5. To provide strategic planning

Membership: The Residency Oversight Committee will have the following members: RPDs of affiliated residencies, Director of Postgraduate Education of the Bernard J. Dunn School of Pharmacy, one resident member to be chosen yearly by each residency class.

Meetings: Meetings will occur at least quarterly and could occur up to six times per year. Minutes will be recorded and distributed to the group.

Pharmacy Resident Probation/Dismissal and/or Withdrawal

- I. **Purpose:** To establish policy and procedures for either placing a pharmacy resident on a probationary status or dismissing him/her from the program.
- II. **Policy:** A pharmacy resident may be placed on probation, dismissed, or voluntarily withdraw from the program should there be evidence of their inability to function effectively or putting patients at risk. Examples which would require action are listed, but are not limited to the following:
 - A. Behavioral misconduct or unethical behavior that may occur on or off station premises
 - B. Unsatisfactory attendance
 - C. More than one unsatisfactory performance evaluation
 - D. Theft of government property
 - E. Mental impairment caused by mental disorder or substance abuse
- III. **Definition:**
 - A. Residency Appointment Period: 366 days; however, the resident may request an extension of up to 6-months if extenuating circumstances prevent completion of the residency within the assigned appointment period. This request should be in written format to the RPD for review and concurrence of the RAB.
 - B. Residency Advisory Board consists of the following members:
 1. RPD
 2. Chief of Pharmacy Service
 3. Shenandoah University Director for Post Graduate Education

4. All facility clinical pharmacist preceptors

IV. **Responsibility:**

A. The **preceptor** will be responsible for:

1. Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident at the terminal evaluation conference for the rotation.
2. Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
3. Documenting in writing any actions the resident may have taken that puts a patient's health at risk or causes endangerment to any patient or personnel.

B. The **RAB** will :

1. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases.
2. Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken.

C. The **RPD** will:

1. Counsel the resident at the time of the first instance of unsatisfactory performance.
2. Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
3. Notify the resident verbally and in writing, of dismissal, upon receipt of the recommendation of the RAB.

V. **Procedure:**

- A. The preceptor clinical pharmacist will provide the RPD with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal will not result in probation.
- B. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional conduct or actions, the RPD will call an emergency RAB meeting to determine appropriate action. Action may be placing the resident on probation for four weeks or additional counseling will be suggested.
- C. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct or absence without leave, the RPD will

- call an emergency RAB meeting to discuss appropriate actions. Actions will be either dismissal or additional probation.
- D. Actions that the RAB deem necessary will be communicated to the resident both verbally and in writing by the RPD within 24 working hours.
 - E. Dismissal from the residency program shall occur if there is discharge for cause. The resident shall not receive the remainder of the stipend and a certificate will not be awarded.
 - F. At any time, a resident may submit a two-week notice of resignation to the RPD.
 - G. The resident has the right to address the RAB on any issue related to dismissal. This can be both oral and in writing. This grievance will be sent to all parties involved in the dismissal procedure.

GENERAL INFORMATION (RESIDENCY LIFE)

Residency Benefits

Resident stipend

Health insurance

Sick leave: Four hours per pay period (13 days per year)

Annual leave: Four hours per pay period (13 days per year)

Travel funds for Professional Meetings

2018 Holiday Schedule	
Date	Holiday
Wednesday, July 4	Independence Day
Monday, September 3	Labor Day
Monday, October 8	Columbus Day
Monday, November 12	Veterans Day
Thursday, November 22	Thanksgiving Day
Tuesday, December 25	Christmas Day

2019 Holiday Schedule	
Date	Holiday
Tuesday, January 1	New Year's Day
Monday, January 21	Birthday of Martin Luther King, Jr.
Monday, February 18	President's Day
Monday, May 27	Memorial Day

Office and Supplies

Residents will have an office as assigned. General office supplies can be obtained from Pharmacy Services. Ask Tori Harding for information on procurement.

Phone

Long Distance "8"

Local "9"

To transfer phone:

1. Press down on hang up bar or press flash button
2. Dial number
3. Wait for ringing
4. Hang up

To forward phone (from input desk):

1. Pick up phone
2. Press call forward button

3. Put in number to forward phone to (3143- IV Room)
4. Hang up
5. Red light under call forward should be on
6. To take off forward
 - a. Pick up phone
 - b. Press red light
 - c. Hang up

Uniforms

Residents are issued scrubs for use during staffing and inpatient acute rotations. Uniform Services are in the basement. Call uniform services (ext. 3086) to complete procedure for issuing of scrubs.

Employee Identification Cards

To be issued by Human Resources during new employee orientation or the PIV office (ext. 2066)

Photocopying

Copier machines are available in Pharmacy Service. These copiers are for business use only.

Resident Parking

All employee cars must be registered and employees must follow all parking rules and regulations for the facility. To get a parking sticker, present license, registration, and proof of insurance to PIV office in building 217.

Keys

Employee badges will serve to access restricted areas. Access privileges are assigned by Ann McCarter in Pharmacy.

Keys to outpatient pharmacy will be assigned by Ann McCarter. Residents are responsible for surrendering these keys to Pharmacy Service when clearing post.

Computer Access and Adding Share Drives

DIAL H-E-L-P (4357) for IT issues
Access to Vista, GUI Mail, CPRS, Barcode Medication Administration (BCMA), Outlook to be covered during new employee orientation

To add Pharmacy Share Drive:

1. Start

2. Run
3. Type: \\vhamwvfpc1
4. Right click Pharmacy folder
5. Create short cut on desktop

To Set Up Printer

**For each computer that you log into, a printer will have to be set up for your login. Once you have mapped a printer for a certain computer with your login, you won't have to do it again.

1. Start
 2. Run
 3. [\\vhamwvfpc4](#)
 4. Ok
- OR
- 1-4. Click on "Print Server" on the desktop
- THEN
5. Find the printer you want and right click
 - a. All pharmacy printers start with "PHA"
 6. Double click on printer that you would like to use
 7. You are now mapped to this printer. The printer should show up as an option to print to when you print a document.

To set printer as default:

1. Double click on the *My Computer* icon on desktop.
2. Click on control panel.
3. Then click on printers.
4. Next click view printers (if you have Windows 7).

A check mark will appear beside the printer that is set as default. If you want to set as default, right click on the printer and left click on set default.

Use of Email System

To be covered during new employee orientation. To open your Outlook mailbox on a computer you've never used before, follow Outlook prompts for setting up the mailbox.

Microsoft Lync/skype

This instant messaging service may be used to communicate with other personnel in the VA and is the very best way to reach team pharmacists. Quick reference guides covering Lync topics are available online at: <http://office.microsoft.com/en-us/lync-help/quick-reference-guides-about-lync-HA103024172.aspx>

Secure Tubing

To Send

1. Special Function
2. 73 (Return)
3. 1234 (Return)
4. Tube Number

To Receive

1. When beeping type in 1234 (return)

Library Services

The library is in Room 2B-150. The librarian can perform searches for you on materials that are not available online. To get to the following resources, go to VAMC Homepage → Electronic Library:

[A-Z](#) (access the library's full text by journal title)

Access Pharmacy from McGraw-Hill (from Shenandoah University)

[ATHENS Self-Registration](#) (printable only - request to sign up for Athens account)

[Briggs Telephone Triage](#)

[EBSCO](#) (CINAHL & Rehabilitation Reference Center databases)

[Lexi-Comp Dentistry](#)

[Martinsburg Library Catalog](#)

[MDConsult](#) (Select full text of medical books & journals & includes drug index)

[MICROMEDEX](#)

[Mosby's Nursing Consult](#) (Select full text resources in nursing & includes drug index)

[Mosby's Nursing Skills](#)

[Nursing Procedures 4.0](#) (Online version of Lippincott's standard nursing procedures)

[Outlines in Clinical Medicine](#)

[OVID On Line](#) (Interface to databases)

YOURJOURNALS@OVID – full-text of Martinsburg's OVID titles

BOOKS@OVID – Search 22 Complete books including Nursing Drug Handbook

MEDLINE – Search the NLM's MEDLINE medical articles index using OVID

PSYCHINFO – Search electronic Psychological Abstracts using OVID

[Martinsburg Library Catalog](#)

[Psychiatry Online](#)

[Sanford Guide](#)

[VACO Library Network Office Online Library Resources](#)

Appendix A

Pharmacy Telephone Numbers

<u>Pharmacy Service Office Personnel</u>	<u>EXT</u>
Angel Jordan, Supervisor, Pharmacy ADPAC	3140
David Everhart, Supervisor, Inpatient Section	3141
Kelly Zacott, Supervisor, Outpatient Section	3149
Anneke Tavenner, Chief of Pharmacy	3136
Sarah Mickanis, Associate Chief of Clinical Pharmacy	3070
Ann McCarter, Program Analyst	3139
 <u>Clinical Pharmacy Specialists</u>	 <u>EXT</u>
Susan Asmussen (ANTICOAG TELEPHONE)	4794
Neo Melonas (ANTICOAG TELEPHONE)	2822
Donna Salmiery CPC-1 (PACT)	3705
Robert Cyparski CPC-2 (PACT)	3750
Adam Gold CPC-3 (PACT)	3523
Mitch Johnston (PSYCH)	1406
Gary Flowers (PSYCH)	2088
Melinda Albritton (LTC)	5183
Trisha Exline (MED/ICU)	3857
Tim Kefauver (NHCU)	3159
Beth Sheldon (HBPC)	4371
Christopher Floyd (HBPC)	3260
Jerri Keel (DOM)	3787
Heather Seitzinger (ID/ Hep C)	4472
 <u>CBOC Pharmacists</u>	 <u>EXT</u>
Ron Kessler (CUMBERLAND)	1620
(STEPHENS CITY)	1532
Sharon Green (HAGERSTOWN)	2409
Joy Chou (FREDERICK)	1754
Stephanie Cross (HARRISONBURG)	
 <u>Procurement Specialists</u>	 <u>EXT</u>
Tori Harding (Procurement)	2393/3157
Carolyn Schultz (Procurement)	2393/3157
MWV-PHARMACY PROCUREMENT	
 <u>Inpatient Section of Pharmacy Service</u>	 <u>EXT</u>
IV Room	3143
FDS Machine	3146
Filling Area	3145
Input Pharmacist Workstation	3128/3142
Conference Area	3180
Omnicell	3144

Outpatient Section of Pharmacy Service

Consult Room #1	<u>EXT</u> 3871
Consult Room #2	3872
Consult Room #3	3873
Rx Information	5110
Vault	3874/4128
Outpatient Clinic Processing	3171

Service Pagers

Nursing Home (Mon-Fri)	<u>EXT</u>	<u>PAGER</u> 5 - 7050
Off Tours/Discharge		5 - 3301

Wards

4A (Medical/Pulmonary)	<u>EXT</u> 3642/3644
4C (Intensive Care Unit)	3660/3662
5A (Nursing Home)	3670/3671
5C (Long Term Care)	3666/3667
6A Ward	3684/3685
NHCU-A	4616
NHCU-B	4620/4621
Dom Clinic	4504/4500
Trouble Line	3370

FAX

<u>Martinsburg VA Direct Line</u>	304-264-4485
	304-263-0811

Appendix B

Quarterly Residency Plan Form

**Postgraduate Year 1 Pharmacy Residency
Martinsburg VAMC**

Quarterly Residency Plan for: _____ **Date:** _____

A. Review of _____ quarter:

1. Rotations completed:
2. Progress on research project:
3. Presentations (if applicable):
4. Professional Development:
5. Other:

B. Resident goals and progress towards these goals (please review current goals and add any additional goals you have for the next quarter):

C: Core requirements:

**Key: NI = Needs Improvement
SP = Satisfactory Progress
EE = Exceeds Expectations**

Residency Requirement	Date	Completed	Notes
MANAGEMENT			
Drug Use Evaluation (DUE) as assigned			
Drug Monograph			
ADR, FDA MedWatch, VADERS (Longitudinal)			
Pharmacy Newsletters (The Capsule)			
Drug Information Questions (as assigned/requested)			

Residency Requirement	Date	Completed	Notes
Create and maintain an electronic copy of a Residency Binder to record progress. All documents to be saved on the pharmacy shared folder.			
Complete all Evaluations for each rotation on Pharmacademic® in a timely manner.			
Answer Non-Formulary Consults (as assigned)			
LEADERSHIP			
Develop and present a Medical Grand Rounds Presentation			
Lead Patient Education Classes (q/month as assigned)			
Develop, implement and lead Student Journal Club (q/month as assigned)			
Develop, implement and lead disease states discussion (q/month as assigned)			
Coordinate and/or delivery staff education at Pharmacy Staff Meetings.			
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting			
Participate in recruitment activities as assigned			
Attend and present research at Eastern States Residency Conference			
Attend and present ISMP to Pharmacy and Therapeutics			
Staffing in Inpatient and Outpatient pharmacy every 3 rd weekend			
Coordinate pharmacy's response to and participate in the facility emergency preparedness cache drill			
Attend and actively participate in Residency Forum/Journal Club meetings at the Shenandoah University School of Pharmacy			
RESEARCH AND DEVELOPMENT			
Submit Final Residency Research Project Proposal to IRB			
Get IRB and R&D approval for Residency Research Project			
Present abstract poster at the Midyear Clinical Meeting			
Submit Residency Research Project Abstract to Eastern States Residency Conference			

Residency Requirement	Date	Completed	Notes
Design a presentation for Residency Research Project			
Submit presentation to R&D for approval			
Present Residency Research Project at Eastern States Residency Conference			
Complete Manuscript for Residency Research Project			
ORIENTATION TO THE SITE AND CLINICAL ROTATIONS			
Facility New Employee Orientation (1 days)			
Attend Residency Orientation at the Shenandoah University School of Pharmacy (1 day)			
Inpatient Pharmacy Orientation Rotation (3 wks)			
Outpatient Pharmacy Orientation Rotation (2 wks)			
Complete all required training for VA employees to include BCLS and ACLS			
Project/Management Orientation/Self Direct			
Drug Information (2 wks)			
PACT - Primary Care (6 wks)			
LTC (6 weeks)			
Critical Care - Acute Care (6 wks)			
Infectious Disease (6wks)			
Anticoagulation Clinic (4 wks)			
Psychiatry (4 wks)			
Research Project (Longitudinal, Evaluated Quarterly)			
Management Longitudinal (refer to management responsibilities above) (Longitudinal, Evaluated Quarterly)			
Project/Management Self-Direct			
Elective 1 (4 weeks)			

Residency Requirement	Date	Completed	Notes
Elective 2 (4 weeks)			
Attend Residency Graduation			

D. Ongoing Residency Plan (to be completed by Residency Program Coordinator):

Residency Director: _____ **Date:** _____

Appendix C

VAMC Journal Club Guidelines

Purpose: To develop skills in assessing primary literature and facilitating a discussion of findings and applications to practice.

Objectives: For the journal club presentation, the residents and students will:

1. Develop oral communication skills by engaging in a discussion on timely articles of adult care interest
2. Gain knowledge of primary literature and clinical application

Guidelines: Please follow these guidelines regarding journal club presentation:

1. Journal articles will be distributed one week prior to scheduled presentation date.
2. Discussions should include the following:
 - a. State the title of the article, authors, journal name
 - b. Provide background information justifying the study.
 - c. State hypotheses of study if possible.
 - d. Describe the methods used in the study by summarizing inclusion/exclusion criteria, treatment options and tests to assess outcomes.
 - e. Present the results specifying which findings are statistically significant.
 - f. State the author's conclusions and be able to defend or dispute these conclusions.
 - g. Identify strengths and weaknesses of the study and suggest improvements, if possible.
3. It may be necessary to refer to various articles available on evaluating the medical literature.
4. The disease state being studied in the journal should be reviewed and able to be discussed.

GUIDELINES FOR EVALUATING CLINICAL TRIALS

I. Overall Assessment

- a. Was the article published in a reputable, peer-reviewed journal?
- b. Were the investigators qualified to conduct the study?
- c. Did the authors contribute substantially to the research effort?
- d. Did the research site have appropriate resources and patients for the study?
- e. Was the funding obtained from unbiased source?

II. Title/Abstract

- a. Was the title of the article unbiased?

- b. Did the abstract provide a clear overview of the purposes, methods, results, and conclusions of the study?

III. Introduction

- a. Did the authors provide sufficient background information to demonstrate that the study was important and ethical?
- b. Were study objectives clearly explained?
- c. Were planned subgroup or covariate analyses indicated?
- d. Were the research and null hypothesis stated?
- e. Was the study approved by an institutional review board?
- f. Was the study ethical?

IV. Methods

- a. Was the appropriate study design used?
- b. Did the inclusion/exclusion criteria represent an appropriate patient population for the study?
- c. Was the sample size large enough to detect a statistically significant difference between the treatment groups?
- d. Was the study sample representative of the patient population to which the study results were intended to be generalized?
- e. Was the study controlled? Were the controls appropriate?
- f. Were the outcome variables relevant, clearly defined, objective, and clinically and biologically significant? Was the method used to measure outcome variables described in detail? Were the outcome variables measured at appropriate time intervals?
- g. Was the study randomized using an appropriate method? After randomization, were demographics for the treatment and control groups similar?
- h. Were subjects, investigators, outcome assessors, and data entry personnel blinded? Were these individuals unable to determine whether treatment or control was administered before the blind was broken?
- i. Was data collected appropriately?
- j. Was patient compliance with the study medication measured?
- k. Were patient and investigator compliance with the study protocol monitored?
- l. Were appropriate statistics used to analyze the data?

V. Results

- a. Were dates for the study initiations and completion of the study provided? Is the study current and relevant?
- b. Were numbers of patient screened, enrolled, administered study treatment, completing, and withdrawing from the study reported? Were reasons for study withdrawal described?
- c. Were demographics for the treatment and control subjects similar at baseline?
- d. Was data presented in a clear and understandable format? Was data for both efficacy and safety of the treatment clearly reported?
- e. Was an intent-to-treat analysis conducted?

- f. Were exact p-values or confidence intervals reported?
- g. Was the study power calculated?
- h. Could a type 1 or type 2 error have occurred?
- i. Were the study results valid?
- j. Can study results be generalized to patients in clinical practice?
- k. Were the results both statistically and clinically significant?

VI. Conclusions/Discussion

- a. Did the authors compare their study results to those of a systematic review of all previously published data?
- b. Were the study conclusions consistent with the results and did they relate to the study conclusions?
- c. Did the study results support the conclusion?

VII. References

- a. Is the current literature well represented?

Adapted from Malone PM, Mosdell KW, Kier KL, Stanovich JE, eds. *Drug Information: A Guide for Pharmacists*, 2nd Edition. New York: McGraw Hill; 2001:607-9 (Appendix 6-1).

Appendix D

Shenandoah University Teaching Certificate

Bernard J. Dunn School of Pharmacy/Shenandoah University Pharmacy Residency Teaching Certificate Program

The Shenandoah University Pharmacy Residency Teaching and Learning Curriculum Program (RTLCP) is a collaborative program between the School of Pharmacy and Center for Teaching, Learning, and Technology that combines both the knowledge and practice of teaching in a comprehensive yearlong program. Now starting its twelfth year, the program has been very successful in further developing participants' teaching skills that have been applied in varied practice settings, including academia and practice. All Shenandoah University-affiliated residencies along with distant regional residency programs are able to participate through the use of synchronous and asynchronous technology and practice experiences done onsite at the School of Pharmacy and affiliated residency programs or offsite at the distant residency sites. With ongoing programmatic enhancements, participants in the 2018-19 RTLCP will get a relevant, comprehensive and user-friendly educational experience that can be applied in many settings for the future.

Program Goals

The goals of the RTLCP are to provide the participant with the pedagogical knowledge and best practices for teaching; to gain experience in the didactic, small group, and experiential teaching settings; to develop a philosophy of teaching; and to document teaching effectiveness and progression. The Shenandoah University RTLCP will assist residents and residency preceptors in strengthening their teaching effectiveness regardless of the practice setting.

Specific Program Elements

1. **Pedagogy Seminars** will consist of monthly pre-recorded lectures delivered asynchronously on specific teaching topics via the Canvas platform along with online synchronous live discussions (2 hour evening sessions once monthly) to further enhance understanding and application of the topics. Required topical readings will be assigned.
2. **Didactic experiences** will consist of two formal, peer-reviewed lectures (two lectures of one hour in length each or one lecture of one hour and two of 30 minutes) given by the participant during the residency year with mentoring by a content expert and/or residency program director at the participant's site. Acceptable didactic experiences include lectures, continuing education programs, in-services with one pharmacotherapy topic and the second topic as a pharmacotherapy topic or other healthcare-related topic. Other requirements for didactic experiences include: delivered to a minimum of ten people consisting of healthcare professionals and/or students; contain written, measurable learning objectives; reviewed and practiced prior to the

presentation; development of a minimum of five assessment questions; written evaluation by learners and teaching mentor; video recorded for resident self-reflection.

3. **Experiential experiences** will consist of the participant serving as a student pharmacist preceptor in conjunction with a primary preceptor on record for one student rotation in the spring semester. The RTLCP participant ideally should have already completed the rotation on which they will be serving as preceptor. The rotation should be a 4-6 week rotation for a 4th year APPE rotation student or equivalent IPPE experience. The participant should develop the following in conjunction with the primary preceptor on record: syllabus of experiential experience, rotation calendar and list of student activities as required by the pharmacy school (to include regular topic discussions), evaluations of the student pharmacist, evaluation from preceptor on record, self evaluation.

4. **Small group facilitation** experiences will consist of 3 hours of experiences which could be divided into three 1-hour or six 30-minute small group meetings or two 1-hour (or four 30-minute small group meetings) and 1 hour of other (could include student course grading activity or other agreed upon activity). At least 2 different topics must be covered throughout all the sessions. Generally, each small group must have a minimum of five participants and consist of healthcare professionals, pharmacy students, or patients. Examples of small group facilitation experiences include: patient case review, journal article review, disease state review, patient education class, or other topic review. Guided questions to facilitate discussion with the group and feedback should be documented. Evaluations of all experiences should be documented.

5. A **Teaching Philosophy** should be developed by the RTLCP participant throughout the year and periodically revised with mentoring from Shenandoah University faculty. This self-reflective document of the participant's concept and approach that underlies their teaching will become a part of the teaching portfolio upon completion of the RTLCP.

6. A **Teaching Portfolio** will be maintained throughout and completed at the conclusion of the RTLCP by the participant as a compilation and documentation of all teaching experiences and development of a teaching philosophy. The teaching portfolio will be kept electronically in a standardized format.

Appendix E

Drug Information Response Template

DRUG INFORMATION RESPONSE

TO: _____ (Requesting Provider)

FROM: _____ (Pharmacist)

SUBJECT: _____ (Drug Information Question)

DATE: _____

References:

Appendix F

Resident Specific Duty Hour Requirements

For the ASHP Accreditation Standards for Pharmacy Residencies

This applies to requirement 2.2 in the following ASHP Accreditation Standards:

Postgraduate Year One (PGY1) Pharmacy Residency Programs
Postgraduate Year One (PGY1) Community Pharmacy Residency Programs
Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs
Postgraduate Year One (PGY1) Pharmacy Residency Programs – International
Postgraduate Year Two (PGY2) Pharmacy Residency Programs

Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs, or travel time to and from conferences, and hours that are not scheduled by the RPD or preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Duty Hours

Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patient safety and resident's well-being. Therefore, programs must comply with the following duty hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. RPD must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.
- B. RPD must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
- D. If the program implements any type of on-call programs, there must be a written description that includes:
 - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
 - Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The RPD must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty Free Times

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the RPD of their moonlighting hours.
 - c. A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- D. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
- E. If a program has a 24 hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- B. In-House Call Programs
 - 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).

2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process that oversee these programs to ensure patient safety, resident well-being, and provides a supportive, educational environment. Well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.

C. At-Home or Other Call Programs

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
3. Program directors must define the level of supervision provided to residents during at-home or other call.
4. At-home or other call hours are not included in the 80 hours a week duty hour's calculation, unless the resident is called into the hospital/organization.
5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on 3/4/2012
Approved by the ASHP Board of Directors on 4/2013

Appendix G

Functional Statement For PGY1 Pharmacy Resident Martinsburg VAMC

Introduction:

The mission of the Martinsburg VAMC PGY1 Pharmacy Residency Program is to develop competent pharmacists professionally equipped to serve as clinical pharmacy specialists in a variety of practice settings.

Major Duties:

Major duties of Pharmacy Residents are performed under the indirect or direct supervision of a licensed pharmacist or other appointed residency preceptor. Clinical pharmacy preceptors must ensure direct supervision of residents engaging in clinical practice in the facility.

Customer Service:

1. Treats patient, team members, other facility employees and visitors with respect. Respond to needs appropriate for the service in a courteous and timely manner.
2. Demonstrates appropriate and proactive interpersonal skills to achieve the goals of the service. Acts as a team member and is supportive of the group's efforts at all times.
3. Demonstrates an ability to work under a variety of circumstances to maximize group productivity and quality.

Clinical Duties:

The Pharmacy Resident is a pharmacist undergoing advanced training in pharmaceutical sciences, pharmacoeconomics, clinical pharmacy (pharmacotherapy), and leadership. They are responsible for evaluating medication therapy through direct patient care involvement. Through clinical assessment, they relate patient responses to medication therapy, communicate and document those findings, and make recommendations to appropriate individuals and in appropriate records. The Pharmacy Resident is responsible for appropriate pharmacotherapy of patients. This includes the selection of appropriate medication for disease state management, monitoring of patient outcomes, analysis of adverse drug events and medication reconciliation. Their indirect patient care activities include pharmacy benefits management, teaching, quality assurance, medication utilization review and staff development.

A Pharmacy Resident can perform all duties that are considered routine for a staff pharmacist. The Pharmacy Resident will work in concert and under the supervision of their preceptor, an attending physician(s) and the section chief for the clinic(s) in which

they work. In addition, a Pharmacy Resident can carry out supervised functions in an advanced practice role, such as:

1. Obtains medication histories from patients and summarizes significant findings in the medical record and/or to the provider as appropriate.
2. Is actively involved in reviewing patient medication regimens for clinical effectiveness, drug selection, dosing, contraindications, side effects, potential drug interactions, and therapeutic outcomes as required and documenting those findings and recommendations to appropriate individuals and in appropriate records. Communicating findings with prescribers and provides appropriate alternatives to current treatment plans as needed.
3. Meets with patient's care team to discuss, design, and implement treatment plans.
4. Designs, implements, documents, and monitors therapeutic drug plans to achieve definitive outcomes through direct interactions with patients and providers in assigned areas. Provides patient-specific drug therapy modifications to maximize patient response and minimize drug interactions, adverse drug effects, and poly-pharmacy while providing cost-effective treatment. The assessments are based on clinical reviews and objective measures. The Pharmacy Resident in concert with a clinical preceptor will determine if a referral to the physician is necessary when disease progression occurs or adverse drug events require treatment interventions.
5. Follows-up with patients on lab or test results to discuss the plan of therapy (i.e., changes in medication therapy, monitoring and evaluation, additional testing requirements, referral to primary care or specialty care physician).
6. Performs the physical measurements necessary to ensure the patient's appropriate clinical responses to drug therapy.
7. The Pharmacy Resident will consult with the clinical preceptor and supervising provider for any clinical practice area outside of his/her usual area of practice and/or not otherwise discussed in this scope of practice.
8. Provides in-services and other education to health care professionals when appropriate.
9. Effectively instructs patients and family members in the appropriate use of medications and medical devices. Is able to adjust communication and tracking methods based on age and developmental considerations. Is able to accurately assess and document patient comprehension. Is able to refer patients to educational programs provided at the medical center by multidisciplinary teams.
10. Documents information into VA Adverse Drug Event Reporting System (VADERS). Local medical centers may designate a single pharmacist to follow-up on unique

cases, but all clinical pharmacists share the responsibility to ensure reporting of adverse drug events is completed by clinicians.

11. Monitors for and reports drug errors, adverse drug reactions, allergies, and patient compliance issues. Documents findings per facility procedures.
12. Reviews and evaluates requests for non-formulary and restricted drugs for appropriateness and compliance with established criteria where applicable.
13. Assists with medication use evaluations and other Pharmacy and Therapeutics activities.
14. Documents clinical interventions in VistA in a timely and professional manner.
15. Promotes and monitors compliance with established drug therapy policies.
16. Works with providers to ensure compliance with national, Veterans Integrated Service Network (VISN), and local initiatives.
17. Serves on medical center and/or VISN committees as requested.
18. Reviews and verifies medication orders to be administered to patients in primary care, prior to administration, for appropriateness and to reduce potential risk of adverse drug event.
19. Providing patient care that is appropriate to the cognitive, physical, emotional, and chronological maturation needs of the patient group served. Categories Served: Adult – ages 18 to 64 years old; Older Adult – ages 65 and older.
20. Serves as a preceptor for pharmacy students in accordance with established protocols.
21. Assists in the development of proposals for improved and/or new clinical pharmacy services.
22. Maintains a current knowledge of therapeutics and disease management.
23. Provides timely and accurate responses to drug information inquiries from all customers using appropriate references to research drug information.
24. Administers medications, according to pre-established protocol, when requested by physicians.
25. Executes a research activity that is approved by and in compliance with IRB protocol. Creates a publishable manuscript of the research activity.

26. Recognizes suicide risk factors and knowing the safety nets needed to manage the prevention of suicide, support systems and referral resources.
27. When required in performance of assigned duties, Minimum Data Set and Resident Assessment Protocol will be completed on appropriate patients.
28. Other duties as assigned.

Factor 1. Knowledge Required By the Position

Extensive knowledge of pharmacotherapy and medication management for multiple disease states to include, but not limited to, diabetes, lipids, hypertension, and anticoagulation. The Pharmacy Resident must be able to apply knowledge of normal laboratory values in the evaluation of patient care and recognizes significant abnormalities. The Pharmacy Resident has expertise in the principles of clinical pharmacokinetics and pharmacodynamics and is knowledgeable and able to make dose adjustment recommendations based on objective laboratory findings. The Pharmacy Resident must have extensive knowledge of pharmaceuticals so as to recognize drug interactions, therapeutic overlaps, inappropriate dosing, and be able to recommend therapeutic alternatives when necessary. Extensive knowledge of VA policies and procedures, especially in the area of pharmacy service and the legal requirements of VA Central Office, Joint Commission, and Federal mandates. Incumbent must be knowledgeable of pharmacy's organization and policies and procedures, in order to provide information, recommendations, and advice. Incumbent must possess the knowledge of the day to day hospital operations and Pharmacy Service relationship with other services within the medical center. Incumbent must have a general knowledge of mission, objective, and management practice in the agency in order to recognize areas of interaction and overlap between proposed applications and existing applications. Incumbent needs general knowledge of pharmacy's computer packages. Incumbent must establish effective working relationships with all levels of professional and non-professional staff within the medical center.

Factor 2. Supervisory Control

Incumbent reports directly to the Clinical Coordinator/RPD, Chief of Pharmacy Service, or designee. Assignments are based on pharmacy needs. The Chief of Pharmacy Service sets the overall objectives and resources available for the incumbent. Performs job assignments without supervision and keeps Clinical Coordinator/RPD, Chief of Pharmacy Service advised of progress.

Factor 3. Scope and Effect

To utilize efficient and effective professional and clinical skills in performance of duty to allow Pharmacy Service to provide high quality pharmaceutical service for the Veteran. Problem-solve and coordinate efforts to support operations of a large variety of medical specialties. Successful discharge of the incumbent's duties and responsibilities is

essential to the achievement of Pharmacy Service's mission of providing optimum cost effective patient care.

Factor 4. Personal Contacts

Contacts are with physicians, physician assistants, nursing staff, social workers, dietitians, and secretaries on the patient care team, as well as with patients and patient's families.

Factor 5. Physical Demand

Position requires walking, lifting, bending, and prolonged periods of sitting and standing, as well as the emotional stability to handle stress deadlines and various problem situations.

Factor 9. Work Environment

Duties are performed in the Martinsburg VA Medical Center, the VISN Central Office in Linthicum, Maryland, and the Bernard J. Dunn School of Pharmacy, Shenandoah University in Winchester, VA.

Appendix I

PGY1 Practice Program Materials

Rotations, Requirements, and Optional Learning Experiences

The Martinsburg Veterans Affairs Medical Center Pharmacy Residency is a one year, one day appointment.

Rotations

Rotations are subject to change and availability. Residents will be notified of any changes.

Orientation:

1. New Employee Orientation (1 days)
2. Inpatient Pharmacy (3 weeks)
3. Outpatient Pharmacy (2 weeks)

Primary Care:

1. Patient Aligned Care Teams (PACT) Pharmacy (Core, 6 weeks)
2. Management (Elective, 4 weeks)
3. Anticoagulation Clinic (Core, 4 weeks)

Acute Care:

1. Critical Care (Core, 6 weeks)
2. Infectious Disease (Core, 6 weeks)
3. Internal Medicine (Elective, 4 weeks)
4. Psychiatric Care (Core, 4 weeks)
5. Emergency Department (Elective, 4 weeks)

Long-Term Care:

1. Oncology/Palliative Care (Core, 6 weeks)

Longitudinal Management/Practice Rotations (12 months):

1. Journal Club/Forum – Shenandoah University (Core)
2. Teaching Certificate – Shenandoah University (Optional)
3. Practice management/Research project (Core)
4. Practice Management and Leadership (Core)
5. Staffing (Core)
6. Home Based Primary Care (Core)

Rotations will be scheduled in the following order (Longitudinal rotations will coincide with orientation, core and elective rotations):

1. Orientation rotations
2. Core rotations and elective rotations as requested and as available

Longitudinal Responsibilities

1. Development, submission to Institutional Review Board (IRB), implementation, analysis, presentation, and completion of a manuscript of a practice-based research project.
2. Professional writing development through required:
 - A. Drug Information Questions
 - B. Drug Utilization Evaluations (retrospective) to be presented at Pharmacy Therapeutics and Nutrition (PT&N), and/or Therapeutics Management Committee (TMC) as appropriate
 - C. Medication Use Evaluations to be presented at PT&N, and or TMC as appropriate
 - D. Pharmacy Newsletter (The Capsule)
 - E. Drug Monograph or Medication Class Review (Through PBM)
3. Teaching Presentations
 - A. Medical Grand Rounds
 - B. Journal clubs for pharmacy students
 - C. Case-based disease state management discussions
4. Precepting and management of pharmacy student learning experiences
5. Administration and participation in the facility emergency preparedness cache drill (Spring)
6. Participation and leadership within the institution's committees:
 - A. Pharmacy & Therapeutics (Adverse Drug Reaction (ADR) reporting, Medication Use Evaluation (MUE), Drug Use Evaluation (DUE), ISMP reporting)
7. Participation and leadership within the pharmacy department's staff development:
 - A. Pharmacy Staff Meeting
 - B. Participate in Pharmacy Week Planning
8. Completion of the Teaching Certificate Program offered by Shenandoah University (optional).
9. Patient Group Education in:
 - A. Smoking cessation
 - B. Diabetes Education
 - C. MOVE! Weight loss class – prn
 - D. Joint Replacement patient education
10. Attendance and presentation at required clinical meetings:
 - A. ASHP Midyear Clinical Meeting
 - B. Eastern States Residency Conference
 - C. Residency trips (TBA).

11. Staffing on weekends (See “Staffing Requirements”)

Residents are expected to fulfill the following general requirements in addition to longitudinal practice responsibilities:

1. Attend Residency Orientation at the School of Pharmacy
2. Attend all orientations for Martinsburg VAMC
3. Attend Residency Forum/Journal Club meetings at SU
4. Complete all trainings required for employees of the VA, including Basic Cardiac Life Support (BCLS)
5. Attend Residency Graduation

Residents have the option to participate in the following:

1. School of Pharmacy faculty meetings
2. School of Pharmacy social events
3. Residency Teaching Certificate Program (Appendix 8)
4. Residency conference calls, calendar invites sent through VAMC Residency list serve

Staffing Requirements

Each resident will staff every 3rd weekend. Resident will staff in Inpatient Pharmacy on Saturdays and Sundays (tour to be determined), beginning after completion of both Outpatient and Inpatient orientations.

The resident may elect to take a day off during the week before the staffing weekend OR the week after the staffing weekend, meetings and other commitments permitting. If a day off is elected, please inform the RPD which days are planned for leave. Do not enter this leave electronically.

Other Requirements for Completion of Program

1. Successful completion of all site specific residency requirements as set forth by ASHP Residency Accreditation Standards
2. Successful completion of all required longitudinal practice responsibilities.
3. Successful completion of all general requirements
4. Successful completion of a residency research project and written manuscript in a publishable format for a peer reviewed journal.
5. Attendance at the Residency Graduation Ceremony

Resident Evaluations

For each learning experience the following evaluations will be completed:

1. Summative Evaluation by the Preceptor
2. Summative Evaluation by the Resident

3. Learning Experience Evaluation by the Resident
4. Preceptor Evaluation by the Resident

Evaluations for rotations will occur via the PharmAcademic® software program. For an overview of PharmAcademic®, the resident should refer to the PharmAcademic® website (<https://www.pharmacademic.com/>).

For rotations that are 4 or 6 weeks long, evaluations are due on the last day of the rotation. For longitudinal rotations, evaluations occur quarterly. The resident and the preceptor are prompted by PharmAcademic® approximately five days in advance of the date that the evaluation is to be completed. The resident must have the learning experience summative self-evaluation, preceptor evaluation, and learning experience evaluation completed in the last week of the rotation, prior to the summative evaluation. It is the resident's responsibility to arrange a meeting with their current and upcoming preceptors prior to the ending of each rotation. The purpose of this meeting is to complete and discuss evaluations as well as to set goals for the upcoming rotation to achieve all residency objectives. This meeting must take place before the resident is able to proceed to the next rotation.

For rotations that are longitudinal, all evaluations are due on the quarterly evaluation date, or the nearest business day. The final evaluation is due on the last day of the rotation. All self-evaluations, learning experience evaluations, and preceptor evaluations are due before the summative evaluation date, and should be completed in the same week that the summative evaluation is due.

The RPD will review all evaluations of the residents' performance as they are completed. After completion of a rotation, the preceptor may elect to discuss the resident's performance at the next RAB meeting.

On Demand Evaluations

Preceptors are encouraged to complete on demand evaluations throughout the resident's rotation to provide additional written feedback to residents if deemed appropriate by the preceptor.

Quarterly Evaluations

The Pharmacy Coordinator shall meet with the resident quarterly. Prior to these meetings, the resident will complete the Quarterly Residency Plan (See Appendix 3: Quarterly Residency Plan). The purpose of quarterly evaluations is to review evaluations of the resident's performance, review of resident's evaluations of preceptors and rotations, review the plan for the next quarter, review any ongoing projects, and revise the residency plan if appropriate. The resident's progress and performance as they relate to the residency's goals and objectives will be discussed.

Additional Sources of Evaluation

Additional sources of feedback can include written notes, emails, revisions and suggestions and oral feedback. The goal is for the resident to have frequent sources of

feedback so that they can continue to develop their skills and improve in areas that need attention.

Compliance with Evaluation Policy

Residents must comply with the evaluation policy and complete evaluations within 7 days of completion of the rotation.

To fully comply with the evaluation policy residents must provide written feedback for each learning objective/activity being evaluated. Evaluations will be returned to the evaluator if a full evaluation is not provided.

Failure to comply with this policy may result in disciplinary action by the RPD.

PharmAcadmic® Evaluation Parameters

ASHP Summative Scale

ASHP default summative evaluation scale (NI/SP/ACH)

NI= Needs Improvement

SP= Satisfactory Progress

ACH = Achieved

NA = Not Applicable

ASHP Preceptor Scale

ASHP default preceptor evaluation scale (always/frequently/sometimes/never)

ASHP Learning Experience Scale

ASHP default learning experience evaluation scale (consistently true/partially true/false)

Attachment 1

Description of Longitudinal Rotations

Patient Education Classes

General information about the classes:

-All classes are in the library, 2B-150.

-Patient education class schedule can be found at this address:

<http://www.martinsburg.va.gov/monthview.asp>

-Sample/model power points and handouts for smoking cessation, diabetes education, and MOVE! classes are located in the Pharmacy Share Drive>Residency Binders 2013-2014>Erin Vanmeter or Shyla Rider>Longitudinals>Patient Education

Diabetes Education:

Contact: Nancy Lennon

When: Third Wednesday of every other month from 9 to 10 a.m.

Class:

- Pretty small class (2-6) that you teach about diabetes medications and answer any questions they have.
- They get some background information about pathophys, fingersticks, a1c's, and carb intake in prior classes – your class is one out of six.
- Given the smaller class size, just having a handout of your slides is usually enough rather than a full power point presentation, but I'd have the PowerPoint ready if there happens to be a lot of people. Often it turns into an hour-long conversation/counseling session about their specific care/medications.

Follow-up:

- This is the one class where you are the provider and need to put in notes on each patient, assessing their diabetes knowledge before and after class.
- There's a "diabetes" box in the cabinet in the education room. Make sure you get them to sign in using the paper in the "medications" folder and fill out an evaluation form.
- Get their names and last fours, look them up in the chart, and they should have an appointment for "MWV PHARM DM CLASS 2B150" for the day you taught the class.

- Link your note to this appointment. You should then pick the note title “Diabetology Education Note.” Cosigner is Sarah Mickanis. Template should pop up.
- Fill out the patient’s name and primary care physician. You are session #3. Always click on “using medication safely”, as that’s your area of focus, but if you feel like you made an impact on any other areas feel free to click it and evaluate.

Smoking Cessation:

Contact: Bobbi Corbin

Email: Bobbi.Corbin@va.gov

Phone: ext. 3508

When: First Tuesday of the month 1030 to 1130 a.m.

Class:

- This is co-taught with Bobbi Corbin, Michelle Bruce and yourself. You provide education on the agents we have for nicotine replacement/bupropion for the last 10-15 minutes of class.
- After class, it’s nice to stay around and talk to Veterans who want personal counseling/advice on which to try.
- Although Veterans will often bring it up, Varenicline is not encouraged here. VA endorses combination bupropion/nicotine replacement therapy (NRT) but does not support dual NRT (as of this writing).

Follow-up:

- Pharmacy is responsible for following-up on the effect of the smoking cessation classes.
- You are to call the Veterans who attended and ask whether or not they are still smoking and if they need additional resources to quit.
- This should be recorded somehow for future data collection (Excel sheet). Due to the length of time between the classes and follow-up, handoffs between the residents are important for continuity.
- Initial follow-up should be 6-8 weeks after initial class
- Second follow-up should be 10-14 weeks after initial class

How to place a follow-up note:

- Log on to CPRS
- Go to the specific patient profile you are trying to follow-up
- Click on “New Note” (bottom left hand corner)
- New window will pop-up; go under “New Visit”
- Type “MWV Smoking” and choose the option “MWV SMOKING CESSATION 2B 150”

- Click “ok”
- Progress Note Title is “Smoking Cessation Follow Up Note”
- Type in cosigner’s name (Sarah Mickanis)
- Follow the template

Encounter Information:

- The billing code is 99406 for tobacco cessation counseling for 3-10 mins

Total Joint Replacement Class:

Contact: Kristen Wingate

When: 4th Tuesday of each month. Pharmacy portion begins at 2 PM, class is from 1300-1430.

Class:

- Co-taught by PT/RN/Surg and Pharmacy
- This is a small informal Class
- Pharmacy is to teach on Naloxone use
- Naloxone PP slides are built into Kristen’s slides. Handouts are already in the packet the patient’s receive.
- A video is also embedded into the slides, it is not necessary to play the FULL video, there is a lot of warnings at the end that aren’t the key information.

Fall Prevention Course: TBD

VAMC Capsule

- This is a Microsoft Publisher newsletter with student articles, resident update, and whatever else the residency class feels would be interesting to add.
 - For example, the class of 2013-2014 did pharmacist interviews and called it “The Spotlight.” Be creative!
- It is helpful to solicit student articles during the staff meetings since the preceptors are there. Just include it in your resident’s corner update that you are looking for articles.
- Generally it is best to have 4-6 articles for a complete newsletter.
- Past residency classes sometimes did themes for the newsletter (“oncology edition”) but it’s up to you.
- You should try to have the students make charts and figures so it is not just walls of text if at all possible.
- Student’s articles generally need some revision, which you can try to help with or refer it to their preceptor.
- Make sure they reference literature appropriately.
- Try to give feedback to their preceptors on their articles.

- Convert the newsletter to a PDF when you're done – this compresses it and makes it look better.
- Once it is converted, send it out to MWV-Pharmacists and MWV – Pharmacy Technicians.
- Previous editions of the capsule can be found in the share drive in the residency binders and a search of “capsule” in the pharmacy share drive as a whole will yield a lot of examples.

Meetings

Pharmacy Staff/P&T Meetings:

- Staff Meetings: watch for an email, all via Skype
- P&T Meetings: Second Thursday of the Month from 1430-1600.

Journal Club/Disease State Topic Discussion:

- Select a recent study or article to discuss with pharmacy students completing their rotations at the Martinsburg VAMC
 - Pharmacist Letter has some great ideas/articles for journal club discussions
 - You will get access through SU
 - Look under preceptor resources on the website
 - Decide on a date and time and then reserve a room for discussion
 - Use online request for room reservations:
 - <https://vaww.visn5.portal.va.gov/sites/MWV/Education/ConfRmReq/Lists/Conference%20Room%20Requests/NewForm.aspx>
 - Provide them with the following information to reserve room
 - What: Journal Club/Disease State Topic Discussion
 - Where: Provide the room number you would like to reserve
 - Time: Provide the time period (i.e., 1 to 2 p.m.)
 - Number of People: Provide estimate of students/preceptors attending
 - Also make announcement during the Pharmacy Staff Meeting about the date and time of discussion so everyone is aware
 - You can design these sessions anyway you would like (i.e., have students do some pre-work and submit it the day of, have a clinical debate about the article with one team arguing against and one team arguing for the article/topic)
 - You can make it as interactive as you would like (i.e., have some assessment questions for students, provide a summary of clinical pearls about the topic etc.)
- Preceptors might ask you for feedback about their students who attended the session so just be mindful of that

Attachment 2

Sample Resident Checklist

Requirements for Completion Of Residency Martinsburg VAMC 20__-20__

Residency Requirement	Date	Completed	Notes
MANAGEMENT			
Drug Use Evaluation (DUE) as assigned			
Drug Monograph			
ADR, FDA MedWatch, VADERS (Longitudinal)			
Pharmacy Newsletters (The Capsule)			
Drug Information Questions (as assigned/requested)			
Create and maintain an electronic copy of a Residency Binder to record progress. All documents to be saved on the pharmacy shared folder.			
Complete all Evaluations for each rotation on Pharmacademic® in a timely manner.			
Answer Non-Formulary Consults (as assigned)			
LEADERSHIP			
Develop and present a Medical Grand Rounds Presentation			
Lead Patient Education Classes (q/month as assigned)			
Develop, implement and lead Student Journal Club (q/month as assigned)			
Develop, implement and lead disease states discussion (q/month as assigned)			
Coordinate and/or delivery staff education at Pharmacy Staff Meetings.			
Attend and participate in recruitment activities at ASHP Midyear Clinical Meeting			
Participate in recruitment activities as assigned			
Attend and present research at Eastern States Residency Conference			
Attend and present ISMP to Pharmacy and Therapeutics			

Residency Requirement	Date	Completed	Notes
Staffing in Inpatient and Outpatient pharmacy every 3 rd weekend			
Coordinate pharmacy's response to and participate in the facility emergency preparedness cache drill			
Attend and actively participate in Residency Forum/Journal Club meetings at the Shenandoah University School of Pharmacy			
RESEARCH AND DEVELOPMENT			
Submit Final Residency Research Project Proposal to IRB			
Get IRB and R&D approval for Residency Research Project			
Present abstract poster at the Midyear Clinical Meeting			
Submit Residency Research Project Abstract to Eastern States Residency Conference			
Design a presentation for Residency Research Project			
Submit presentation to R&D for approval			
Present Residency Research Project at Eastern States Residency Conference			
Complete Manuscript for Residency Research Project			
ORIENTATION TO THE SITE AND CLINICAL ROTATIONS			
Facility New Employee Orientation (1 days)			
Attend Residency Orientation at the Shenandoah University School of Pharmacy (1 day)			
Inpatient Pharmacy Orientation Rotation (3 wks)			
Outpatient Pharmacy Orientation Rotation (2 wks)			
Complete all required training for VA employees to include BCLS and ACLS			
Project/Management Orientation/Self Direct			
Drug Information (2 wks)			
PACT - Primary Care (6 wks)			

Residency Requirement	Date	Completed	Notes
LTC (6 weeks)			
Critical Care - Acute Care (6 wks)			
Infectious Disease (6wks)			
Anticoagulation Clinic (4 wks)			
Psychiatry (4 wks)			
Research Project (Longitudinal, Evaluated Quarterly)			
Management Longitudinal (refer to management responsibilities above) (Longitudinal, Evaluated Quarterly)			
Project/Management Self-Direct			
Elective 1 (4 weeks)			
Elective 2 (4 weeks)			
Attend Residency Graduation			